

Prescreening Form for a Mental Retardation Facility Admission

This form is to be completed by a staff member of the Community services Board responsible for pre-screening. It is to accompany a completed application that includes medical, social, psychological and educational/vocational reports for the admission of any person to a state mental retardation facility in accordance with sections 37.2-805 and 37.2-806 of the Code of Virginia

I. Personal Data

Name _____ Age _____ DOB _____

Address _____
Street City/County Zip

Gender _____ Marital Status _____ Social Security No. _____

Name of Guardian/ Other Responsible Person _____

Address _____
Street City/County Zip

Phone () _____

Case Management CSB _____ PRAIS CaseMgt CSB Code

Case Management CSB Contact _____

II. Clinical Assessment

DIAGNOSIS AND OTHER ACCOMPANYING DISORDERS _____

LIST ALL RELEVANT COMMUNITY-BASED SERVICES, WHICH HAVE BEEN CONSIDERED FOR THIS CLIENT AND BRIEFLY EXPLAIN WHY THEY ARE NOT SUFFICIENT TO PREVENT THE NEED FOR INSTITUTIONAL TREATMENT _____

III. BASED UPON YOUR KNOWLEDGE OF THE CLIENT, IS HE/SHE CAPABLE OF REQUESTING HIS/HER OWN ADMISSION TO THE FACILITY? _____

IV. Treatment and Discharge Planning/Needs:

Services to be considered in planning for discharge (check all appropriate)

_____ Case Management _____ Psychological _____ Vocational/Employment _____ Other Independent Living
_____ Housing _____ Physical Health _____ Financial _____ Support System
_____ Nutritional _____ Transportation _____ Legal _____ Other _____
_____ Medication _____ Educational _____ Socialization/Recreation _____

OUTLINE PRELIMINARY DISCHARGE PLANS AND POST-DISCHARGE FOLLOW-UP, WHICH MAY BE
REQUIRED BY THE CLIENT UPON HIS/HER RETURN TO THE COMMUNITY _____

INDIVIDUALS WHO CAN ASSIST IN PRE-DISCHARGE PLANNING (I.E., CASE MANAGER, FAMILY)

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE

SIGNATURE OF CASE MANAGER

AGENCY/COMMUNITY SERVICES BOARD